Staple Here

Virginia Nonresident Income Tax Return
Due May 1, 2013

Attach a complete copy of your federal tax return and all other required Virginia attachm



First N																				
	lame	MI	Last Name Suffix Your Social Se						ial Secu	ırity N	Check if decease									
Spouse	e's First Name (Filing Status 2 C	МІ	Last Nam	Last Name Suffix Spouse's Social Se						Secu	rity Nu	ımber		Check in decease						
Preser	esent Home Address (Number and Street or Rural Route) State of Res													nce	· ·					
City, To	own or Post Office								State		ZIP	Code								
Import	portant - Name of Virginia City or County in which principal place of business, employment or income Locality Cod												ode fr	from Instructions						
source	e is located							Γ	City OR	County										
Your H	Home Phone Number	Yo	ur Business	s Pho	ne N	Numbe	r			Spor	use's	Busine	usiness Phone Number							
Prepar	rer's PTIN	Filing Election	Co	de			,	authoriz preparer		tment of Tax	xation t	o disc	uss m	y (our) re	eturn with my					
Chec		ended Return							Different Th	nan				Overse	as on Due Da	te				
Boxe	Che	ck if Result of NC)L [s	howi	n on 2	011 VA R	eturn					J						
	Dep Reti	endent on Anoth	er's		Q	ualif	ying F	armer, Fis	sherman or N	Merchant Se	aman		E		ed on federal i					
		-							=>/=		<i>(</i> - 1			\$.(<u>)0</u>				
Filin	ng Status (Check Only One	e)			You	Dep	enden	s		MPTIONS otal Section 1	•			below)		Total Section				
	Single- Did you claim federa		nold?	YES 🗍	1	+		•	X \$930 =			+		=	X \$800 =					
	Married, Filing Joint Ret source income			_	2	+	-	:	X \$930 =			+	\dashv	=	X \$800 =					
	3) Married, Spouse Has No Enter Spouse's SSN above Spouse's full name	Income From	Any	Source-		+	-	:	X \$930 =			+		=	X \$800 =					
☐ (′	4) Married, Filing Separate				.			V #020 -			┪.		_	V #200 -						
	Enter Spouse's SSN above Spouse's full name				1	+			X \$930 =			+		=	X \$800 =					
	Add the Total of Section 1 plus the Total of Section												tion 2	2. Enter	the sum or	Line 13				
Date		rth Date d-yyyy)							•	use's Birth mm-dd-yy										
1														1		00				
	9															00				
2	Additions from Schedule 7	63 ADJ, Line 3.												2						
														3		00				
	Add Lines 1 and 2													3						
	Add Lines 1 and 2	ctions and the A	 Age [Dedu	Deduction	Woı	rksh	eet).					Yo	u	3 4a		00				
	Add Lines 1 and 2	ctions and the A	 Age [Dedu	Deduction	Woı	rksh	eet).						u	3 4a 4b		00				
	Add Lines 1 and 2	ctions and the Anter Your Age I	Age [Dedu	Deduction ction on Line 4th	 Woi	rksh	eet).				s	Yo pous	u	3 4a		00				
3	Add Lines 1 and 2	ctions and the Anter Your Age Ise's Age Deduction	Age [Dedu tion (Deduction oction on Line 4b	Woi	rksh	eet).	efits rep	orted on yo	our federal	S	Yo	u e	3 4a 4b		00				
3 4 5	Add Lines 1 and 2	ctions and the Anter Your Age Ise's Age Deductivalent Tier 1 Is	Age [Dedu etion of Railro	Deduction ction on Line 4t pad Retire	Wor Demen	rksh nt Ac	eet)t ben	efits rep	orted on yo	our federal	S	Yo pous	u e	3 4a 4b 5		00				
3 4 5 6	Add Lines 1 and 2	ctions and the Anter Your Age I se's Age Deduct uivalent Tier 1 I overpayment of	Age I Deduction of Railro credit	Deduction ction on Line 4t pad Retire	Wor oemen as ir	rksh	eet)	efits rep	orted on yo	our federal	S	Yo	u e	3 4a 4b 5 6		00				
3 4 5 6 7	Add Lines 1 and 2	ctions and the Anter Your Age I se's Age Deductivalent Tier 1 I overpayment of 763 ADJ, Lind 7	Age [Dedu ction of Railro credit e 7	Deduction oction on Line 4t pad Retire	Wor Demen as ir	nt Acor	eet)t ben	efits rep	orted on yo	our federal	S	Yo	u e	3 4a 4b 5 6 7		00 00 00 00 00 00				
3 4 5 6 7 8	Add Lines 1 and 2	ctions and the Anter Your Age I se's Age Deductivalent Tier 1 For an accordance (VAGI)	Age [Dedu Railro credit	Deduction on Line 4th pad Retire reported	Words	nt Acor	eet)t ben	efits rep your fer	orted on yo	our federal	S	Yo	u e	3 4a 4b 5 6 7 8		000				
3 4 5 6 7 8	Add Lines 1 and 2	ctions and the Anter Your Age Ise's Age Deductivalent Tier 1 Is overpayment to a 763 ADJ, Lindone (VAGI) deral Itemized I	Age [Dedu Stion of Railro Credit e 7 Sul	Deduction ction on Line 4t pad Retire reported btract Line ctions from	Wool	nt Acor	eet)t ben ne or n Lin al Sc	efits rep your fe	orted on yo	our federal	S	Yo	u e	3 4a 4b 5 6 7 8 9		000				
3 4 5 6 7 8 9	Add Lines 1 and 2	ctions and the Anter Your Age Ise's Age Deductivalent Tier 1 Is overpayment of 7. Income (VAGI) deral Itemized Ixes claimed fro	Age [Dedu Railro credit e 7	Deduction oction on Line 4b oad Retire reported btract Linuctions from the deral Sch	World	nt Acor	eet). t ben ne or Lin al Sc	efits rep your fee	orted on you	our federal	S	Yo	u e	3 4a 4b 5 6 7 8 9 10		00 00 00 00 00				
3 4 5 6 7 8 9 10	Add Lines 1 and 2	ctions and the Anter Your Age Ise's Age Deductivalent Tier 1 Is overpayment to the 763 ADJ, Lindon (VAGI) deral Itemized Ises claimed frotions subtract L	Age [Dedu Ition of Railro	Deduction ction on Line 4b pad Retire reported btract Line ctions from the default of the defaul	World	ort Acor	eet). It benne or I Lin al Sc if cla	efits rep your fee 3 nedule A iming Ite	orted on younger of the control of t	our federal	S	Yous	u e	3 4a 4b 5 6 7 8 9 10 11		00 00 00 00 00 00 00				
3 4 5 6 7 8 9 10 11 12	Add Lines 1 and 2	ctions and the Anter Your Age Ise's Age Deductivalent Tier 1 Is overpayment of 7. Income (VAGI) deral Itemized Items claimed frostions subtract Lithe total amour	Age [Dedu Dedu Railro	Deduction on Line 4k pad Retired reported btract Linuctions from the from Linum the Execution on the Execution of the Executi	World	rksh at Ac fron fron le A, 0 or	eet). It benne or I Lin al Sc if cla entei	efits rep your fee 3 hedule A iming Ite Standa	orted on your deral return the control of the contr	our federal	S	Yo	u e	3 4a 4b 5 6 7 8 9 10 11 12		00 00 00 00 00 00 00				

OR		(2012) Page 2	2		Your	SSN															
10011																					Ш
16	Ü	Taxable Income co	•												16						00
17		ge from Nonreside								-					17						%
18	Nonresid	ent Taxable Incom	e. (M	ultiply Line 10	by p	ercentage of	on Line 17	')							18						00
19	Income Tax from Tax Table or Tax Rate Schedule.														19						00
20a	Your Virginia income tax withheld, Attach Forms W-2, W-2G, 1099 and VK-1.														20a						00
20b	Spouse's Virginia income tax withheld, Attach Forms W-2, W-2G, 1099 and VK-1.														20b					+	00
21	2012 Estimated Tax Payments (Include credit from 2011).														21					+	00
22	Extension Payment - submitted using Form 760IP.														22					\dashv	00
23	Tax Cred	it for Low Income	Individ	duals or Virgi	nia Ea	arned Incom	ne Credit i	rom S	Schedul	e 763	ADJ,	, Lin	e 17.		23					_	00
24	Total cre	dits from Schedule	OSC												24						00
25	Credits for	rom Schedule CR,	Secti	on 5, Line 1A	. If cla	aiming Polit	ical Contr	ibutio	n Credit	t only,	chec	k bo	х [25						00
26	Total pag	yments and credi	ts. A	dd Lines 20a	a, 20b	, 21, 22, 23	3, 24 and	25							26						00
27	If Line 19	is larger than Line	e 26, e	enter the diffe	erence	e. This is the	e INCOMI	KAT E	YOU	OWE.	Skip	to Li	ne 30)	27						00
28	If Line 26	is larger than Line	e 19, e	enter the diffe	erence	e. This is the	e OVERP	AYME	NT AM	OUN.	т				28						00
29	Amount o	of overpayment on L	ine 28	8 to be CRED	ITED	TO 2013 ES	STIMATED	INC	OME TA	X.					29						00
30	Adjustme	ents and Voluntary	Conti	ributions from	atta	ched Sched	dule 763 A	DJ, L	ine 24.						30						00
31	Add Line	s 29 and 30													31						00
32	If you owe tax on Line 27, add Lines 27 and 31 - OR - If you have an overpayment on Line 28 and Line 31 is larger than Line 28, enter the difference. This is the AMOUNT YOU OWE . Attach payment. Check here if credit card payment has been made.												32						00		
33		is larger than Line										то	YOU.		33						00
DE	BIT CARE		OR	DIRECT BA					bank ro			sit nı	ımhe	r				Т			
Ch	eck this bo	x to have your		Type:					Dankit	Juting	, trans	316 110		<u> </u>			<u> </u>	上			
	und issued bit card.	on a prepaid		Checking Savings		Account	number														
		ENT ALLOCATION	PER	CENTAGE.	Enter	negative nu	umbers in	brack	ets.		Α	- Al	l Sou	rces		В	- Virç	jinia	Sour	ces	
1	Wages,	salaries, tips, etc.							1						00						00
2	Interest	income							2						00						00
3	Dividen	ds							3						00						00
4	Alimony	received							4						00						00
5		ss income or loss													00					_	00
6		gain or loss/capita	-												00					-+	00
7								00						00							
8															00					-	00
10								00						00							
10 11		come or loss													00					\dashv	00
12		on obligations of o													00						
13		um distributions/ac																			00
	ADJ, Li	ne 3							13						00					_	00
14		- Add Lines 1 throu	•												00						00
15	percent	dent allocation per age to one decima here and on Line	ıl plac	e, but not mo	re tha	an 100% (ex	xample 5.	4%).													%
Plea	the undersi ase Sign Here	gned, declare under p Your Signature	enalty	provided by la	w that	l (we) have e	examined th		n and to Spouse								rect a	ind co		e retu Date	ırn.
	parer's	Preparer's Name					Firm's N	ame (or Yours	if Self-	Emplo	oyed)	Pr	eparei	's Phor	ie Numbe	r				